

Pear Tree Care Limited

Blossom House

Inspection report

1-3 Beech Grove
Hayling Island
Hampshire
PO11 9DP

Tel: 02392462905

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

The inspection took place on 18 April 2016 and 28 April 2016. It was unannounced. At our previous inspection in January 2015 we found breaches of five of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponded to the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were to do with providing care and support that met people's needs, meeting the requirements of the Mental Capacity Act 2005, managing risks to people's safety and welfare, supporting staff and having effective systems to monitor service quality. We also made a recommendation about respecting people's privacy and dignity. The provider sent us an action plan describing how they intended to meet the requirements of these regulations by 30 November 2015. At this inspection we found the provider had made sufficient improvements in these areas. However, we found new breaches of two regulations.

Blossom House is registered to provide personal care and accommodation for a maximum of 31 older people. At the time of our inspection there were 28 people living at the home. Accommodation was on two floors in a mixture of single and shared rooms. Shared areas of the home included a lounge, dining room, conservatory, quiet lounge and an enclosed garden.

At the time of our inspection there was no registered manager at Blossom House. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are "registered persons". Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Systems were in place to make sure the service was managed efficiently and to monitor and assess the quality of service provided. However the provider did not always make sure that required maintenance to the building and equipment was arranged in a timely manner. People's care records were not always complete, accurate and up to date.

The provider had arrangements in place to protect people from risks to their safety and welfare, including the risks of avoidable harm and abuse. Staffing levels were sufficient to support people safely. Recruitment processes were in place to make sure only workers who were suitable to work in a care setting were employed. Arrangements were in place to store medicines safely.

Staff received appropriate training and supervision to maintain their skills and knowledge to support people according to their needs. Staff were aware of and put into practice the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. People were supported to eat and drink enough to maintain their health and welfare. People were supported to access healthcare services, such as GPs and community nurses.

People had caring relationships with their care workers. They were encouraged to take part in decisions

about their care and support and their views were listened to. Staff respected people's independence, privacy, and dignity.

Care and support were based on assessments and plans which took into account people's needs and preferences. People were able to take part in leisure activities which reflected their interests if they wished to do so.

The home had an open, friendly atmosphere which encouraged people to make their views and opinions known.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the end of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were protected against risks to their safety and wellbeing, including the risks of abuse and avoidable harm.

The provider employed sufficient staff and checked they were suitable to work in a care setting.

Processes were in place to make sure medicines were handled and stored safely.

Is the service effective?

Good ●

The service was effective.

Staff were supported by training and supervision to care for people according to their needs

Staff were guided by the Mental Capacity Act 2005 where people lacked capacity to make decisions.

People were supported to maintain a healthy diet and had access to other healthcare services when required.

Is the service caring?

Good ●

The service was caring.

People had developed caring relationships with their care workers.

People were listened to and were able to participate in decisions affecting their care and support.

People's privacy and dignity were respected.

Is the service responsive?

Good ●

The service was responsive.

People's care and support met their needs and took account of

their preferences.

There was a complaints procedure in place, and complaints were dealt with appropriately.

Is the service well-led?

The service was not always well led.

The provider had not carried out all required maintenance in a timely fashion. People's care records were not always accurate and up to date.

A management system and processes to monitor and assess the quality of service provided were in place. However care plan audits had not identified issues with people's care plans.

There was an open, friendly culture in which people were treated as individuals and encouraged to speak up about their care and support.

Requires Improvement 

Blossom House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, looked at the overall quality of the service, and provided a rating for the service under the Care Act 2014.

The inspection took place on 18 April 2016 and 28 April 2016. It was unannounced. The inspection team consisted of an inspector and an expert by experience.

An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. On this inspection the expert by experience had experience of supporting a family member with complex needs and of working in a nursing home.

Before the inspection we reviewed information we had about the service, including previous inspection reports and notifications the provider sent to us. A notification is information about important events which the provider is required to tell us about by law.

We spoke with seven people who lived at Blossom House and one visiting family member. We observed care and support people received in the shared area of the home.

We spoke with the senior manager, two deputy managers, an administration manager, and other members of staff, including two care workers, an activities coordinator, a chef and an administrator.

We looked at the care plans and associated records of seven people, and medicines records for six. We reviewed other records, including the provider's policies and procedures, internal checks and audits, quality assurance survey returns, training and supervision records, meeting minutes, staff rotas, and staff recruitment records.

Is the service safe?

Our findings

At our previous inspection in January 2015 we found the service did not always manage and store people's medicines in a safe manner. People's care plans took into account possible risks to people's safety and welfare but staff did not always follow the guidance that was in the plans. We judged the service was in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponded to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent us an action plan which stated they would complete actions to meet the requirements of the regulation by 1 November 2015. At this inspection we found the service was compliant with this regulation.

People told us they felt safe at Blossom House. One person said, "I feel really safe here. There is always someone around." Another person said, "I feel better and safer with the walking frame that was provided for me. I wobble when I walk." A third person when asked if they felt safe told us, "I think so. I never really thought about it."

The provider took steps to protect people from the risks of avoidable harm and abuse. The provider had engaged an external supplier to deliver classroom training in safeguarding adults. Staff we spoke with were aware of the types of abuse, the signs and indications of abuse, and how to report them if they had any concerns. They were aware of agencies outside the provider's organisation where they could raise concerns if necessary. Procedures and policies were in place for staff to refer to, including the local authority's multi-agency protocol for safeguarding.

The senior manager was aware of processes to follow if there was a suspicion or allegation of abuse. None of the staff we spoke with had seen anything which caused them concern, but they were confident any concerns would be handled promptly and effectively by the registered manager. We discussed an incident involving physical aggression between two people which staff had logged. The senior manager had assessed the incident and decided it did not reach the threshold for reporting as a safeguarding incident.

The provider identified and assessed risks to people's safety and wellbeing. These included risks associated with people's food and fluid intake, skin health, medicines, and falls. The provider used standard tools to assess people's risk of poor nutrition and pressure injuries. Where risks had been identified, people's care plans and care needs summaries took into account actions staff should take to avoid or reduce the impact of the risk. One person was at risk of behaviours which might be dangerous to the person or others. Their risk assessment included information about circumstances which might trigger the unwanted behaviours and interventions that staff had found to be effective in the past.

Staff we spoke with were aware of possible risks to people, and how they should respond to avoid or reduce the likelihood of the risk. We saw staff helping people to move about the home safely. Procedures were in place to keep people safe in an emergency. There were regular fire drills to test their effectiveness.

There were sufficient numbers of suitable staff to support people and keep them safe. People were satisfied

there were enough staff, and staff told us their workload was manageable. One person said, "I think there is always loads of staff here, even at night. The night staff are very good." Another person said, "There is always someone around to look after me. They have enough staff here who know what they are doing." We saw staff were able to carry out their duties in a calm, professional manner.

The senior manager told us staffing levels were based on their experience of people's needs. They told us they had recently employed new staff, replacing some whose performance had not been satisfactory. They described a recruitment process designed to identify candidates who were suitable to work in a care setting. Records showed the provider carried out the necessary checks before staff started work. Staff files contained evidence of proof of identity, employment history, good conduct in previous employment, and checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable staff from working with people in a care setting.

People were satisfied they received their medicines at the right time. One said, "Yes, my doctor tells me everything. They come round three times a day." Another person said, "[They come] every day at the same time."

Medicines were stored and handled safely. Care workers received training in medicines and were observed carrying out a medicines round six times before their competency was signed off. There were records to show which care workers had been trained in medicines and assessed as able to administer them without supervision.

Appropriate arrangements were in place for the safe and secure storage of medicines, including creams and ointments, medicines requiring refrigeration, and controlled drugs. Medicine administration records showed people received their medicines, including creams and ointments at the right time. Where people had medicines prescribed to be taken "as required", this was recorded including the time and dose administered.

Is the service effective?

Our findings

At our previous inspection in January 2015 we found the service did not always support staff to deliver high quality care by means of an effective training programme. This was a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponded to Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staff did not always act in accordance with legal requirements where people lacked capacity to consent to their care. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponded to Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent us an action plan which stated they would complete actions to meet the requirements of these regulations by 30 November 2015. At this inspection we found the service was compliant with these regulations.

People we spoke with were satisfied staff had the skills and knowledge needed to support them. One said, "Yes, all my needs are dealt with straight away. I really appreciate everything they do for me. Any time I talk to anyone they deal with my problem straight away."

Staff told us they were satisfied they received appropriate and timely training which prepared them for the job they needed to do. The senior manager kept records of the plan for training and of training staff had completed. The training plan contained a combination of classroom and e-learning courses. Some training was delivered by external suppliers. The senior manager told us training was followed up in supervision meetings to check staff had retained the knowledge.

Recent training courses had been in nutrition and "the power of communication". Records showed that staff were up to date with the provider's training requirements and with the programme of six supervision meetings a year. Staff said they felt supported by the formal supervisions and by informal networks. One staff member said, "There is always someone to help."

Induction training for new staff was based on the Care Certificate, which has been developed by national health and social care organisations to provide a set of nationally agreed standards for those working in health and social care. New staff also had a period of shadowing more experienced colleagues. One staff member who had joined recently described the process as "little by little" and was confident they were prepared to do the job.

The Mental Capacity Act 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and the least restrictive possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Act. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards. We checked whether the service was working within the principles of the Act and whether any conditions on authorisations to deprive a person of their

liberty were being met.

All staff had received training in the Mental Capacity Act 2005 delivered by an external supplier. We discussed examples where people's assessment indicated they lacked capacity and where best interests decisions had been taken. Staff showed an understanding of the principles of the Act and its code of practice. They understood capacity assessments should be specific to a single decision and that there was a two stage process to follow in assessing capacity. Where best interests decisions were made, appropriate people were invited to participate, such as people's family members, their GP or a community psychiatric nurse.

Records of capacity assessments were computer-based. Those we saw on the first day of the inspection contained contradictory information and did not show that the correct process had been followed. When we returned for the second day, the provider had contacted their software supplier who told them they were using an outdated version of the software. The provider had installed the new version recommended to them which allowed the provider to record capacity assessments in a way that showed the correct process had been followed.

Where people who lacked capacity were at risk of being deprived of their liberty, the provider followed the Deprivation of Liberty Safeguards process. They applied to their supervisory body (the local council) for authorisation. None of the authorisation records we saw imposed conditions on the provider.

People were complimentary about their meals. Three people described the food as "good" and two said it was "nice". One person said, "I really enjoy mealtimes." Another person said, "Breakfast is my favourite." A third person said, "They got top marks today." Two people said they did not get a choice of meal. However, two others said they could choose alternatives to the meal on the day's menu. We saw people eating different meals at lunchtime, and staff told us they prepared alternative meals if people did not like what was on the menu. People asked for a specific hot or cold drink after lunch, which they received. The chef said, "If we've got it you can have it. If we haven't we will get it."

Lunch was served on individual trays. People could choose whether to eat in the dining area, in their chairs in the lounge, or in their rooms. Where people needed support to eat, this was done sensitively, carefully and with good humour. Staff encouraged people to eat, engaged them in conversation and went at the person's own pace.

The chef told us there was one person with dietary needs for medical or cultural reasons. We spoke with the person and they were happy that their dietary needs were met.

People told us they were able to see their doctor and other healthcare services when they needed to. One said, "If you are not well they will get you an appointment for the doctor." Staff kept records of visits by GPs, district nurses and other healthcare professionals.

Is the service caring?

Our findings

At our previous inspection in January 2015 we found the service did not always make sure people's privacy and dignity were respected. We made a recommendation that the provider reviewed their practice in this area. At this inspection we found the provider had done this.

People told us they had friendly, caring relationships with staff. One person said, "They are friendly, willing to help you. You can ask them to do anything. You can have a chat and a laugh with them." Another person said, "Staff are great, just busy." A third person said, "They are all very nice." A visitor told us, "Every time we come over the staff deal with the residents really well. I come at ad hoc times, and they are good no matter the time of day."

We observed staff taking time to chat with people. They used people's preferred names, offered choices and explained what they were doing. One staff member helped a person with a plastic apron at lunchtime. The explained it was to protect "your nice cardigan". When staff knew a person's favourite chair, they checked they still wanted to sit there at that time.

Staff checked frequently whether people needed anything. We heard staff say, "Are you all right, [Name]?" and "Would you like a refill?" if they saw a person had finished their drink. Staff gave people time and did not rush them. We heard one staff member say, "Don't worry. You concentrate on what you are doing." Staff encouraged and praised people. When a person thanked a staff member, they replied, "It's worth it to see the smile on your face."

People were encouraged to express their views and were involved in decisions about their care and support. One person told us, "We have a meeting to talk about food and plan what we want to eat." Another person said, "They have a lot of little meetings. They keep us informed with what's going on here." A third person knew about the meetings, but had not attended them. A visitor told us they had been invited to one, but had not been able to attend.

Staff respected people's choices and encouraged them to be independent. When people moved about the home, staff were aware and checked they were safe.

People told us staff respected their privacy and treated them with dignity and respect. One person said, "They knock on the door before walking in. I like to have my door closed." Another person said, "They always ask me can I wash you or can I come in."

Staff described steps they took to make sure people's privacy and dignity were respected. These included making sure doors and curtains were closed when supporting people with their personal care. Where people shared a room, there was a screen available if needed to preserve people's privacy. Other steps taken to make sure people were treated as individuals included labelling cupboards in the shared room.

None of the people living at Blossom House at the time of our visit had needs or preferences arising from

their religious or cultural background. Staff told us they had made arrangements in the past for people who "liked to pray". Staff had received training in equality and diversity, and were aware of issues that might arise in this area.

Is the service responsive?

Our findings

At our previous inspection in January 2015 we found people were at risk of unsafe or inappropriate care because their care plans and assessments did not always meet their needs. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponded to Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent us an action plan which stated they would complete actions to meet the requirements of the regulation by 30 November 2015. At this inspection we found the service was compliant with this regulation.

People told us they were happy their care and support met their needs. Two people mentioned that they were offered pain relief if staff thought they needed it. One person said, "They offer painkillers every morning." The other person said, "They would give to you if you wanted it. But I don't get much pain."

Since our previous inspection the provider had transferred all care plans and assessments from paper to a computer based system. Computers providing access to people's personal information were protected by passwords. The deputy managers were responsible for maintaining people's care plans using input from senior staff, people and their families where appropriate. Staff told us they found the care plans contained the information they needed to support people according to their needs and preferences.

Care plans contained details of people's care and medical history. The plans were tailored for individual people. For instance, one person's plan stated where their belongings should be placed in their room so they would be able to find them easily. If the person lost track of their conversation, staff were guided to gently remind them of the last sentence, to keep their language simple and to avoid complex sentences and questions.

The care and support people received was recorded in a daily log. This showed, for instance, where a person had declined to take their medicines, and allowed senior staff to assess the risk to the person and take further advice if necessary. Other records showed that a person was supported to reposition themselves regularly to reduce the risk of pressure injuries. Another person's records showed a wound to their heel was responding to treatment by the community nurse. A third person was at risk of poor nutrition, but their records showed they were gradually gaining weight. While we were at the home, a person said they wanted to leave. Staff were able to use distraction techniques to divert the person to other activities and resolve the issue. People's care and support met their needs, although we found a number of examples of where their records were contradictory or incomplete.

People were able to join a variety of leisure activities and entertainments if they wanted to. One person said, "We watched the horse racing the other day. That was fun. There are pictures on the wall. We do a sing along too. I enjoy that." People could also carry out tasks they were used to doing before they came to live at the home, such as gardening and housework. One person said, "I am always dusting. I enjoy it". Some people told us they preferred not to join in group activities. One person said, "I sit around and watch TV. I think they have activities but I don't think I have ever gone to them." A visitor told us their relation was happy to sit and chat with other people.

Staff were aware of people's interests such as crosswords, other puzzles, reading and music, and supported them to maintain these interests. People had a variety of books and music CDs in their rooms. Where people took part in group activities, staff kept a record of what people enjoyed so they could tailor future activities to people's preferences. Activities were related to events and dates such as the Grand National horse race, St George's Day and St Patrick's Day. Photographs of events were displayed to encourage people to reminisce and talk about what they enjoyed.

The provider's complaints procedure was displayed in the home. The senior manager had a complaints file containing records of four complaints and minor concerns which had been investigated and followed up.

Is the service well-led?

Our findings

At our previous inspection in January 2015 we found the provider did not have effective systems to monitor and improve the quality of the service. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponded to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent us an action plan which stated they would complete actions to meet the requirements of the regulation by 30 November 2015. At this inspection we found the service was compliant with this regulation, but there were concerns in other areas.

The registered manager at Blossom House had left in February 2016. The provider had arranged for a senior manager registered at another location to work with the two deputy managers at Blossom House while they recruited a permanent registered manager. However at the time of our inspection they were in breach of the standard condition of their registration which requires the regulated activity to be managed by an individual who is registered for the location.

Hampshire Fire and Rescue Service had carried out a safety audit of the home in January 2016. Their report had identified seven actions which the provider was required to complete by dates between 1 March 2016 and 1 May 2016. At the time of our inspection, three of the actions had been completed, three had not been completed by the date in the report, and one was partially completed. The provider told us they had obtained quotations to carry out the remaining necessary works, and had agreed with the fire safety officer to extend the completion date to 16 June 2016. It was concerning that the provider had not managed the works within the original timeframe.

Failure to make sure that premises and equipment were properly maintained in a timely fashion was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Since our previous inspection the provider had transferred all care records to a computer based system. On the first day of our visit we found computer records did not reflect processes which conformed to the requirements of the Mental Capacity Act 2005. On the second day of our visit the provider had upgraded their software and we found records of capacity assessments now conformed to the requirements of the Act. However it was a matter of concern that the provider had not identified that their software was out of date before our inspection.

Although we observed care and support which met people's needs and reflected their preferences, this was not always reflected in people's computer based care records. One person was identified as being at the end of their life. They were receiving appropriate care and support, but the "End of Life" section of their care plan had not been completed. They were being supported to reposition themselves regularly, and paper turning records were in place, but there was no record of this in their computer based care plan. Their records showed a best interests decision had been made to seek a new placement for them in a service which was better placed to meet their needs. This decision had not been carried out, and staff told us a subsequent decision had been made to move them to a different room at Blossom House. Staff updated this person's records between the two days of our inspection.

Other people's computer based records contained contradictory information. One person's record stated that "[Name] has been assessed as not able to make informed decisions." Elsewhere in their care plan it was stated that they had consented to sharing information and the use of photographs, and that "[Name] can communicate her choices."

People's computer based records contained standard text which had not been removed or adapted to reflect the person's needs and preferences. Three people's records contained the statement, "[Name] has been assessed as being unable to make informed decisions that affect her life and wellbeing. The Mental Capacity Act needs to be considered when delivering care." Other people's records contained the statement, "[Name] presents behaviours that pose a predictable risk to herself and others. This can be managed by trained staff using planned interventions that have proven to be effective." The process of transferring information to the computer system and personalising people's care plans was not complete at the time of our inspection.

People were at risk of inappropriate or unsafe care as their care records were not always current. Failure to maintain complete, accurate and up to date records was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulations require that provider's display their inspection ratings in the home and on their website. The ratings from our previous inspection were displayed in the home, but not on the main page of the provider's website for Blossom House. We pointed this out during the inspection and the provider arranged for the ratings to be displayed properly on their website within a few days.

People told us they found the atmosphere in the home to be open and inclusive. One person said, "You can chat to the boss when she is free, and she is around a lot." Another person said, "I don't know her (the manager's) name, but we have met. She is nice." A third person said, "The staff are very good. Last night I don't think I have laughed so hard." A visitor told us their relation was "better, because he is around other people". They said staff made sure he came downstairs from his room, his health was improving and he was happy. The visitor said, "Yes, it is very well run. The manager and the staff make a good team."

Staff described Blossom House as "warm and friendly", and a "happy house" where people were treated like "their own family". They told us the owners were "hands on" and open with staff. The manager's door was "always open". We found the atmosphere in the home was calm, friendly and open. When a visitor arrived, they greeted other people in a friendly way as well as their own relation. There was a sense of community in the home.

The senior manager had been working with the two deputy managers since the registered manager had left. They had "beefed up" the administration of the home and introduced a system of staff champions and key workers. Staff champions were expected to become the local "experts" in areas such as moving and positioning, continence care, and training. Key workers provided a named staff member who people and their families could approach about any aspect of their care.

There were regular staff meetings and house meetings which were attended by the provider. These meetings had formal agendas and minutes.

The senior manager told us the provider visited Blossom House every month and reviewed the service with them. Any actions identified were reported in the senior manager's monthly report back to the owners. These reports included care issues, any safeguarding concerns, accidents and incidents, hospital admissions, notifications, and personnel issues. The management system was clear and understood by staff

who found it effective.

Systems were in place to monitor and improve the quality of the service. Care plan audits were carried out by the senior manager and deputy managers. The senior manager confirmed they looked at the content of the care plans, but they had not identified the concerns we found with the computer based care plans.

Following our last inspection, the provider had communicated the findings to the families of people living at Blossom House with a questionnaire designed to make sure actions proposed by the provider covered all areas of concern. Areas covered included respect, responsiveness of care, catering and food, personal care, management and premises. A survey undertaken in September 2015 had identified a complaint about laundry processes. The senior manager told us there had been no more complaints since the process was "tightened up".

There were regular medicines, infection control, and health and safety audits. The medicines audits included observation of staff during medicines rounds. One of these had recently identified an improvement which was being implemented to add people's photographs to their medicines records. Catering audits included records, food storage, cleanliness, hygiene and the food service. The lead housekeeper undertook monthly infection control audits and provided an annual infection control statement for the owners, as required by Department of Health guidance.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment All premises and equipment used by the service provider were not properly maintained. Regulation 15 (1)(e)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person did not maintain an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care provided. Regulation 17 (1) and (2)(c)